

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
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13		2				
14	1		1			
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TOTAL DEP.		5				
TOTAL CLAIMS		5				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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